



ENTLEBUCHER GENETIC DATABASE

Individual Information

Please support the health of the Entlebucher by completing this form and returning to: Teri Beeman, NEMDA Genetics Chair, 13414 S. Sherman Rd., Spokane, WA 99224 email: TBseville@aol.com

OWNERS LAST NAME: _____ FIRST NAME: _____ SPOUSE: _____

CO-OWNER (if any): _____

ADDRESS: _____ CITY: _____

STATE/PROVINCE: _____ ZIP CODE: _____ COUNTRY: _____

PHONE: () _____ FAX: () _____ EMAIL: _____

DOG'S REGISTERED NAME: _____

CALL NAME: _____ LITTER # AND REGISTRY (if known): _____

BIRTHDATE: _____ DEATHDATE: _____ SEX: M F SPAY NEUTERED

REGISTRY & NO: _____ TATTOO #: _____ MICROCHIP #: _____

BREEDER'S NAME: _____ KENNEL NAME: _____

SIRE'S REGISTERED NAME: _____ REGISTRY NO: _____

CALL NAME: _____ SIRE'S OWNER & ADDRESS: _____

DAM'S REGISTERED NAME: _____ REGISTRY NO: _____

CALL NAME: _____ DAM'S OWNER & ADDRESS: _____

LIST PHYSICAL CHARACTERISTICS: (i.e. height, weight, eye color, unusual markings, naturally short tail, bite, cleft palate, umbilical hernia, etc.) May use back of page or attach separate sheet.

HEALTH RECORD: (submit copies of certifications and veterinary reports for verification)

CERF #: _____ OFA #: _____ HIPS RATING: _____ ELBOWS RATING: _____

PennHIP: DI: RIGHT: _____ LEFT: _____ OVC #: _____

LIST AND ATTACH VETERINARY RECORDS (AS APPLICABLE) FOR THE FOLLOWING: (may use back of page)

- ANY KNOWN GENETIC DISEASES OR ILLNESSES (such as heart, kidney, neurological, allergies, eyes, tumors, etc.)
- RECURRING OR PERMANENT LAMENESS. LIST JOINT(S) INVOLVED AND DIAGNOSIS.
- ANY OTHER INFORMATION THAT YOU WISH TO RECORD

IF DEAD, IS CAUSE KNOWN? _____

EUTHANASIA? YES NO WAS AUTOPSY PERFORMED? YES NO (attach report if available)

I voluntarily submit the above data for entry to NEMDA's database for control of genetic disease.

SIGNATURE: _____ DATE: _____